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<b>SERIAL NUMBER</b> 10/664,711	<b>FILING OR 371(c) DATE</b> 09/17/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> RECOM-64412
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*** YHL  
 None

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** YHL  
 None

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 12/09/2003

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <u>[Signature]</u> Initials: YHL	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 77	<b>INDEPENDENT CLAIMS</b> 11
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**TITLE**

Apparatus for, and method of, determining the condition of a patient's heart

<b>FILING FEE RECEIVED</b> 1224	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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